



Washington State Health Care Authority  
**Prescription Drug Program**

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Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee (P&T Committee), the Department of Social and Health Services (DSHS) - Medicaid Purchasing Administration (MPA), the Health Care Authority (HCA) – Uniform Medical Plan (UMP) and the Department of Labor & Industries (L&I) have named the following drugs as preferred in their respective therapeutic classes on the Washington State Preferred Drug List (PDL). These recommendations resulted in no changes to the current PDL.

*(Please note that the agencies have suspended cost analysis until the April 20, 2011 P&T meeting and the only changes made to the PDL until then will be as a result of P&T Committee recommendations based on updated evidence or safety considerations.)*

Beta Blockers reviewed 12/15/2010		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
acebutolol HCL	acebutolol capsule	No	Yes	Yes
atenolol	atenolol tablet	No	Yes	Yes
carvedilol	carvedilol tablet	No	Yes	Yes
labetalol HCL	labetalol HCL tablet	No	Yes	Yes
metoprolol succinate	metoprolol succinate ER	No	Yes	Yes
metoprolol tartrate	metoprolol tartrate tablet	No	Yes	Yes
nadolol	nadolol tablet	No	Yes	Yes
pindolol	pindolol tablet	No	Yes	Yes
propranolol HCL	propranolol HCL solution	No	Yes	Yes
	propranolol HCL tablet	No	Yes	Yes
	propranolol HCL ER	No	Yes	Yes
timolol maleate	timolol maleate tablet	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Hepatitis C reviewed 12/15/2010		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
peginterferon alfa-2B	Peg-Intron <sup>®</sup> kit	No	Yes	Yes
	Peg-Intron Redipen <sup>®</sup> kit	No	Yes	Yes
	Peg-Intron Redipen Pak 4 <sup>®</sup> kit	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

MS Drugs reviewed 12/15/2010		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
glatiramer acetate	Copaxone <sup>®</sup> kit	No	Yes	Yes
interferon beta-1A	Avonex <sup>®</sup> kit	No	Yes	Yes
	Rebif <sup>®</sup> solution	No	Yes	Yes
	Rebif Titration Pack <sup>®</sup> solution	No	Yes	Yes
interferon beta-1B	Extavia <sup>®</sup> solution	No	Yes	Yes
mitoxantrone HCL	mitoxantrone HCL concentrate	No	Yes	Yes
natalizumab	Tysabri <sup>®</sup> concentrate	No	PA required	Yes
The effect of this recommendation is no change to the PDL.				

Nasal Corticosteroids reviewed 12/15/2010		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
flunisolide	flunisolide solution	Yes	Yes	Yes
fluticasone propionate	fluticasone propionate nasal spray	Yes	Yes	Yes
triamcinolone acetonide	Nasacort AQ <sup>®</sup> aerosol	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Long Acting Opioids reviewed 12/15/2010		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	L&I	Medicaid	UMP
methadone HCL	methadone HCL concentrate	Yes	Yes	Yes
	methadone HCL solution	Yes	Yes	Yes
	methadone HCL tablet	Yes	Yes	Yes
	methadone HCL dissolvable tablet	Yes	Yes	Yes
	methadone HCL Intensol concentrate	Yes	Yes	Yes
	methadose concentrate	Yes	Yes	Yes
	methadose tablet	Yes	Yes	Yes
	methadose soluble tablet	Yes	Yes	Yes
	methadose sugar-free concentrate	Yes	Yes	Yes
morphine sulfate	morphine sulfate ER	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.rx.wa.gov/documents/washingtonpdl.pdf>

If you have other questions or comments regarding this announcement, please contact Leta Evaskus at (206) 521-2029 or by email at [leta.evaskus@hca.wa.gov](mailto:leta.evaskus@hca.wa.gov).

Sincerely,



Duane Thurman

Director, Prescription Drug Programs  
Washington State Health Care Authority